

NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF DEATH				STATE FILE NUMBER 29943	
1a. Legal Name of Decedent (First, Middle, Last, Suffix) Guy Clifford Monhollen				LMB ONLY <input type="checkbox"/>	
1b. Also Known As (AKA), if Any (First, Middle, Last, Suffix)					
2. Sex Male		3. Social Security Number 9305		4a. Age 50 Years	
5. Date of Birth (Mo/Day/Yr) 06/23/1970					
6. Birthplace (City & State/Foreign Country) Springfield, Ohio					
7a. Residence-State New Jersey		7b. County Atlantic		7c. Municipality/City Hampton Township	
7d. Direct and Number 5905 Laurel Street		7e. Apt. No.		7f. Zip Code 08330	
7g. Inside City Limits? Yes					
8a. Ever in US Armed Forces? No		8b. If Yes, Name of War		8c. War Service Dates (From-To)	
9. Domestic Status at Time of Death Married		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate) Nicole Leigh Diaz			
11. Father's Name (First, Middle, Last) Carl Ray Monhollen					
12. Mother's Name Prior to First Marriage (First, Middle, Last) Gail Elizabeth Cooke					
13a. Name of Informant Nicole Leigh Monhollen		13b. Relationship to Decedent Spouse			
13c. Mailing Address (Street, Apt./Suite, City, State, Zip Code) 5905 Laurel Street, Mays Landing, NJ 08330					
14. Method of Disposition Cremation		15. Place of Disposition (Name of cemetery, crematory, other) Seaside Crematory		16. Location- City & County Upper Township, New Jersey	
17. Name and Complete Address of Funeral Facility Adams-Parry Funeral Home Inc, 1660 New Road, Northfield, NJ 08226-1108					
18. Electronic Signature of Funeral Director David G. Umphlett				19. NJ License Number 23JP00448800	
20. Decedent Education Bachelor's degree (BA, AB, BS)		21. Decedent of Hispanic Origin? Not Hispanic/Latino		22. Decedent Race White	
23. Occupation (Decedent) (Type of work done, even if retired) Technical Project Engineer/Systems Architect		24. Kind of Business/Industry Elevator			
25. Name and Address of Last Employer Schindler Elevator Corporation, Morristown, NJ					
26. Date Pronounced Dead (Mo/Day/Yr) 06/16/2021		27. Name of Person Pronouncing Death Mariane Charron			
28. Time Pronounced Dead (24 Hr) 2123		29. License Number 25HA08760100		30. Date Signed (Mo/Day/Yr) 06/17/2021	
31. Date of Death (Mo/Day/Yr) 06/16/2021		32. Time of Death (24 Hr) 2123		33. Was Medical Examiner Contacted? No	
34. Place of Death Hospital - Inpatient					
35a. Facility Name (if not institution, give street and number) Cooper Hospital/University Medical Center		35b. Municipality Camden City		35c. County Camden	
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE, final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause stated on Line a. Enter the UNDERLYING CAUSE (disease or injury) that initiated the events resulting in death/LAST.					
Immediate Cause, a. Severe acute respiratory distress syndrome		Interval Between Onset and Death 1 month			
Due to (or as a consequence of): b. COVID-19 pneumonia		Due to (or as a consequence of):			
Due to (or as a consequence of):		Due to (or as a consequence of):			
37. Was an Autopsy Performed? No		38. Autopsy Findings Available to Cause of Death? Not Applicable			
39. Date of Injury (Mo/Day/Yr)		40. Time of Injury (24 Hr)		41. Place of Injury (e.g. home, construction site, restaurant)	
42a. Location of Injury (Number and Street, Zip Code)		42b. Municipality		42c. County	
42d. State		43. If Transportation Injury:			
44. Describe How Injury Occurred					
45. Manner of Death Natural		46. Did Decedent Have Diabetes? Unknown		47. Did Tobacco Use Contribute to Death? Unknown	
48. Certifier Pronouncer and Certifier		49. Name, Address, and Zip Code of Certifier Mariane Charron 1 Cooper Plaza, Camden, NJ 08103		50. License Number 25HA08760100	
51. Electronic Signature of Certifier Mariane Charron		52. District No. VD108		53. Date Received 06/22/2021	
54. Date Certified (Mo/Day/Yr) 06/20/2021		55. Case Number 2209280			
56. Date Issued: June 23, 2021					
ISSUED BY: New Jersey Department of Health, Office of Vital Statistics and Registry					
This is to certify that the above is correctly copied from a record on file in my office. Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.					
Vincent T. Arnesen State Registrar Office of Vital Statistics and Registry					
THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED					